



C.L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

IDAHO DEPARTMENT OF  
HEALTH & WELFARE

COPY

DEBRA RANSOM, R.N., R.H.I.T., Chief  
BUREAU OF FACILITY STANDARDS  
3232 Eider Street  
P.O. Box 83720  
Boise, ID 83720-0009  
PHONE 208-334-6626  
FAX 208-364-1888

September 23, 2010

Tom Whittemore, Administrator  
Communicare, Inc #9 Main  
40 West Franklin Road, Suite F  
Meridian, ID 83642

RE: Communicare, Inc #9 Main, Provider #13G059

Dear Mr. Whittemore:

This is to advise you of the findings of the Medicaid/Licensure survey, which was conducted at your facility, Communicare, Inc #9 Main, on September 17, 2010.

Enclosed is a Statement of Deficiencies/Plan of Correction Form CMS-2567, which states that no Federal deficiencies were noted at the time of the survey.

Also enclosed is a Statement of Deficiencies/Plan of Correction form listing State Licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. **It is important** that your Plan of Correction address each deficiency in the following manner:

1. Answer the deficiency statement, specifically indicating how the problem will be, or has been, corrected. Do not address the specific examples. Your plan must describe how you will ensure correction for all individuals potentially impacted by the deficient practice.
2. Identify the person or discipline responsible for monitoring the changes in the system to ensure compliance is achieved and maintained. This is to include how the monitoring will be done and at what frequency the person or discipline will do the monitoring.
3. Identify the date each deficiency has been, or will be, corrected.
4. Sign and date the form(s) in the space provided at the bottom of the first page.
5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily

Tom Whitemore, Administrator  
September 23, 2010  
Page 2 of 2

a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions, which require construction, competitive bidding or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

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After you have completed your Plan of Correction, return the original to this office by **October 5, 2010**, and keep a copy for your records.

You have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request and all required information as directed in the State Informal Dispute Resolution (IDR) Process which can be found on the Internet at:


[www.icfmr.dhw.idaho.gov](http://www.icfmr.dhw.idaho.gov)


Scroll down until the Program Information heading on the right side is visible and there are three IDR selections to choose from.

This request must be received by October 5, 2010. If a request for informal dispute resolution is received after October 5, 2010, the request will not be granted. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

Thank you for the courtesies extended to us during our visit. If you have questions, please call this office at (208) 334-6626.

Sincerely,

  
BARBARA DERN  
Health Facility Surveyor  
Non-Long Term Care

  
NICOLE WISENOR  
Co-Supervisor  
Non-Long Term Care

BD/srm  
Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/22/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13G059</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/17/2010</b>
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NAME OF PROVIDER OR SUPPLIER

**COMMUNICARE, INC #9 MAIN**

STREET ADDRESS, CITY, STATE, ZIP CODE

**876 EAST MAIN  
JEROME, ID 83338**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 000	<p><b>INITIAL COMMENTS</b></p> <p>Communicare Inc. - #9 Main, is in compliance with the requirements of 42 CFR 483 Subpart I, Conditions of Participation: Intermediate Care Facilities for Persons with Mental Retardation.</p> <p>The survey was conducted by: Barbara Dern, QMRP, Team Leader Jim Troutfetter, QMRP</p>	W 000	<p style="text-align: center; font-size: 1.2em;">RECEIVED</p> <p style="text-align: center;">OCT 13 2010</p> <p style="text-align: center;">FACILITY STANDARDS</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*[Signature]*

*Administrator*

*10-5-2010*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13G059</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/17/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>COMMUNICARE, INC #9 MAIN</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>876 EAST MAIN JEROME, ID 83338</b>		
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M 000	16.03.11 Initial Comments  The following deficiencies were cited during the licensing survey.  The survey was conducted by: Barbara Dern, QMRP, Team Leader Jim Troutfetter, QMRP	M 000	<b>RECEIVED</b>  <b>OCT 13 2010</b>  <b>FACILITY STANDARDS</b>	
MM380	16.03.11.120.03(a) Building and Equipment  The building and all equipment must be in good repair. The walls and floors must be of such character as to permit frequent cleaning. Walls and ceilings in kitchens, bathrooms, and utility rooms must have smooth enameled or equally washable surfaces. The building must be kept clean and sanitary, and every reasonable precaution must be taken to prevent the entrance of insects and rodents. This Rule is not met as evidenced by: Based on observation, it was determined the facility failed to ensure the facility was kept clean, sanitary, and in good repair for 2 of 9 individuals (Individuals #2 and #8) residing in the facility. This resulted in the environment being kept in ill-repair. The findings include:  An environmental review was conducted on 9/15/10 from 2:44 - 3:40 p.m. During that time, the following was noted:  - There was a hole approximately 2 inches by 2 inches in the closet door in Individual #8's room.  - There was a hole approximately 2 inches by 2 inches in the back wall of Individual #2's closet.  - There was a hole 1 inch by 1 inch in the wall of Individual #2's room where the door knob hits.	MM380	<u>MM380</u>  We continue emphasize and progress in this area. We anticipate that this home will normally to be found to have items in the process of repair or needing repair due to the unique needs of the people served. We have been replacing the damaged sheet rock (often holes went clear through walls into other rooms) with OSB board and covering that with FRP board in the lower 1/2 of walls and repairing wholes higher with OSB plastered and textured and painted to look like sheet rock.  The Administrator will continue to review maintenance issues during monthly visits to this site and we will continue to use our monthly Preventative check list and personal inspections to prioritize and complete needed repairs.  -Hole in closet door in person #8's room will be repaired 10-15-2010.  -Hole in wall of person #2's room will be repaired by 10-15-2010.	10-15-10

Bureau of Facility Standards

  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

*Administrator*

(X8) DATE

*10-5-2010*

STATE FORM

6898

7X7711

If continuation sheet 1 of 3

Bureau of Facility Standards

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MM380	Continued From page 1  The facility failed to ensure environmental repairs were maintained.	MM380		
MM696	16.03.11.250.09(d)(i) Refrigerator and Freezer  Each refrigerator and freezer must be equipped with a reliable, easily read thermometer. Refrigerators must be maintained at forty-five (45) degrees Fahrenheit or below. Freezers must be maintained at zero degrees - ten (0-10) degrees Fahrenheit or below. This Rule is not met as evidenced by: Based on observation and staff interview, it was determined the facility failed to ensure the refrigerator temperature was maintained at 45 degrees Fahrenheit or below for 4 of 4 individuals (Individuals #2, #4, #5, and #6) residing in one side of the facility. This resulted in potential for food to be stored at unsafe temperatures. The findings include:  1. The facility was a duplex, divided into a children's side and a young adult's side. During an environmental assessment, on 9/15/10 from 2:44 - 3:40 p.m., the thermometer in the refrigerator on the young adult side of the facility read 52 degrees Fahrenheit. The temperature of the refrigerator was retaken with a digital thermometer at 3:15 p.m. and found to be 49.5 degrees Fahrenheit. The refrigerator contained no less than a partially emptied gallon of milk, margarine, yogurt, sour cream, mayonnaise, eggs, turkey meat, and salad dressing.  The temperature of the food items were checked and were found to be above 45 degrees Fahrenheit. The QMRP was notified of the temperatures at 3:30 p.m. The QMRP acknowledged the temperatures were too high. The QMRP adjusted the temperature in the	MM696	<u>MM696</u>  The defective refrigerator/freezer on was replaced. It is our policy and practice to have thermometers in the cooling and freezing compartments of all units at all times and to check to see each refrigerator unit has a thermometer and is operating properly regularly, but no less frequently than monthly as a part of the Monthly Preventative Maintenance check list and recorded by the AQ and or cook. That report is shared on a monthly basis with the RN and Administrator.	9/17/10 Per J.W. 12/15 10/25

Bureau of Facility Standards

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MM696	<p>Continued From page 2</p> <p>refrigerator and asked the lead worker to recheck the temperature in an hour. The perishable food items were discarded by the QMRP.</p> <p>On 9/16/10 the QMRP informed the survey team that the facility was purchasing a new refrigerator.</p> <p>The facility failed to ensure the refrigerator temperature was maintained at 45 degrees Fahrenheit or below.</p>	MM696			